

ATTACHMENT (#)
ETHICS SWORN DECLARATION

Date: _____

Name of Declarant: _____

Title of Declarant: _____

Business Name of XXX: _____

County of XXX: _____

Declarant on oath swears or affirms that the following statements are true and complete:

1. Declarant is authorized by XXX to make this sworn declaration for XXX.
2. Declarant is fully aware of the facts stated in this sworn declaration.
3. Declarant can read the English language.
4. XXX has received the List of Key Contracting Persons associated with this contract which is attached to this sworn declaration as Exhibit "A".
5. Declarant has personally read Exhibit "A" to this Sworn Declaration.
6. Declarant has no knowledge of any key contracting person on Exhibit "A" with whom XXX is doing business or has done business during the 365 day period immediately before the date of this sworn declaration whose name is not disclosed in Exhibit "B" to this Sworn Declaration.

Signature of Declarant

Typed or printed name of Declarant: _____

Address: _____

EXHIBIT A. LIST OF KEY CONTRACTING PERSONS

(Date)

Current

Position Held	Name of Individual Holding Office/Position	Name of Business With Which Individual is Associated
County Judge		
County Judge (Spouse)		
Judge's Chief of Staff		
Executive Assistant		
Executive Assistant		
Executive Assistant		
Commissioner, Precinct 1		
Commissioner, Precinct 1 (Spouse)		
Executive Assistant		
Executive Assistant		
Executive Assistant		
Commissioner, Precinct 2		
Commissioner, Precinct 2 (Spouse)		
Executive Assistant		
Executive Assistant		
Executive Assistant		
Commissioner, Precinct 3		
Commissioner, Precinct 3 (Spouse)		
Executive Assistant		
Executive Assistant		
Executive Assistant		
Commissioner, Precinct 4		
Commissioner, Precinct 4 (Spouse)		
Executive Assistant		
Executive Assistant		
Executive Assistant		
County Treasurer		
County Auditor		
County Executive, Administrative Operations		
County Executive, Emergency Services		
County Executive, Health and Human Services		
County Executive, Justice and Public Safety		
County Executive, Planning and Budget		
County Executive, TNR		
Travis County Attorney		
First Assistant County Attorney		
Executive Assistant, County Attorney		
Director, Health Services Division		
Attorney, Health Services Division		
Attorney, Health Services Division		
Attorney, Health Services Division		
Attorney, Health Services Division		
Attorney, Health Services Division		
Director, Land Use Division		
Attorney, Land Use Division		
Attorney, Land Use Division		
Director, Transactions Division		
Attorney, Transaction Division		
Attorney, Transaction Division		

Attorney, Transaction Division
Attorney, Transaction Division
Attorney, Transaction Division
Purchasing Agent
Assistant Purchasing Agent
Assistant Purchasing Agent
Assistant Purchasing Agent
Purchasing Agent Assistant IV
Purchasing Agent Assistant IV
Purchasing Agent Assistant IV
Purchasing Agent Assistant III
Purchasing Agent Assistant III
Purchasing Agent Assistant III
Purchasing Agent Assistant II
Purchasing Agent Assistant II
HUB Coordinator
HUB Specialist
HUB Specialist
Purchasing Business Analyst
Purchasing Business Analyst

(Date)

Former

Position Held

Name of Individual Holding
Office/Position

Date of Expiration

* Identifies employees who have been in that position less than a year

EXHIBIT B. DISCLOSURE FORM

Exhibit B acknowledges that XXX is doing business or has done business during the 365 day period immediately prior to the date on which this solicitation is due with the following Key Contracting Persons and warrants that these are the only such Key Contracting Persons:

If no one is listed above, XXX warrants that XXX is not doing business and has not done business with any Key Contracting Person during the 365 day period immediately prior to the date on which this solicitation is due.